

Rhodes Canyon Landfill Inspection Form

Post Closure Care Monitoring of the Soil Cover


Inspections during the post closure care period are to occur semi-annually and shall include, at a minimum, each of the areas listed below. Specific information can be found in the CMI Work Plan for Rhodes Canyon Landfill (WSMR-14, SWMU 114 & 115) Report No. WS-ES-EC-0311. Copies of this inspection form are to be kept in a bound notebook located at the WS-ES library and the WTS office.

Date of Inspection: 8-11-11

Inspector: GABRIEL GARZA

	Yes	No
1. Gate closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Gate locked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. If gate not locked, is lock present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Walked fence line and inspected for breaches or deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Inspected landfill cover swale for erosion damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Inspected surrounding natural drainages for excessive erosion which may impact fence or landfill cap?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Has any solid waste been uncovered at the landfill site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Satisfactory	Unsatisfactory
5. Fence in condition		
a. Fence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Gates	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Fence clear of trash	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Groundwater monitoring well conditions		
a. Wells locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Concrete pad condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Well covers tight	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Cap condition		
a. Traffic on cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Excessive weed growth on or around cap (natural vegetation such as grasses and forbs are acceptable and desirable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. No visible ponding of precipitation cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Lack of erosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Settlement of cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Animal activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Trash on cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Inspector's Signature: 

Re-inspection date, if necessary: N/A

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Inspector: GABRIEL GARCIA

Comments: _____

Actions Taken: _____

- ✓ All unsatisfactory observations are to be immediately reported to the WSMR Environmental Services Division.
- ✓ All unsatisfactory observations must be fixed and re-inspected within 30 days.
- ✓ One copy of this inspection form will be maintained in bound notebook at WTS office for three years from the date of inspection.
- ✓ One copy of this inspection form shall be kept on file with the WSMR Environmental Services Division for the remainder of the post-closure care period.
- ✓ Cap and well repairs will be conducted with the same materials and construction techniques used during the initial construction. Any modifications to these techniques or materials must be approved in writing by the NMED-HWB.